United Nations A/RES/73/3

General Assembly

Distr.: General
18 October 2018

Seventy-third session
Agenda item 129

Resolution adopted by the General Assembly on 10 October 2018

[*without reference to a Main Committee (A/73/L.4)*]

73/3. Political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis

The General Assembly

Adopts the following political declaration approved by the high-level meeting of the General Assembly on the fight against tuberculosis on 26 September 2018:

Political declaration of the high-level meeting of the General Assembly on the fight against tuberculosis

United to end tuberculosis: an urgent global response to a global epidemic

We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations in New York on 26 September 2018, with a dedicated focus for the first time on the global tuberculosis epidemic, reaffirm our commitment to ending the tuberculosis epidemic globally by 2030 in line with the Sustainable Development Goals target, commit to ending the epidemic in all countries, and pledge to provide leadership and to work together to accelerate our national and global collective actions, investments and innovations urgently to fight this preventable and treatable disease, affirming that tuberculosis, including its drug-resistant forms, is a critical challenge and the leading cause of death from infectious disease, the most common form of antimicrobial resistance globally and the leading cause of death of people living with HIV, and that poverty, gender inequality, vulnerability, discrimination and marginalization exacerbate the risks of contracting tuberculosis and its devastating impacts, including stigma and discrimination at all ages, such that the disease requires a comprehensive response, including towards achieving universal health coverage, and one that addresses the social and economic

18-16895 (E) 241018

Please recycle

determinants of the epidemic and that protects and fulfils the human rights and dignity of all people, and we therefore:

1. Reaffirm the 2030 Agenda for Sustainable Development,[1] including the resolve to end the tuberculosis epidemic by 2030, and the Addis Ababa Action Agenda of the Third International Conference on Financing for Development;[2]

2. Further reaffirm the 2016 political declaration of the high-level meeting of the General Assembly on antimicrobial resistance, as reflected in its resolution 71/3 of 5 October 2016, the 2016 political declaration on HIV and AIDS, adopted in its resolution 70/266 of 8 June 2016, the 2014 outcome document of the high-level meeting of the Assembly on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases, adopted in its resolution 68/300 of 10 July 2014, and its resolution 72/139 of 12 December 2017, in which the Assembly decided to hold a high-level meeting on universal health coverage in 2019, and take note of World Health Assembly resolution 69.2 of 28 May 2016, entitled "Committing to implementation of the Global Strategy for Women's, Children's and Adolescents' Health",[3] and Human Rights Council resolution 33/11 of 29 September 2016 on preventable mortality and morbidity of children under 5 years of age as a human rights concern,[4] and further reaffirm the World Health Organization End TB Strategy, as approved in World Health Assembly resolution 67.1 of 21 May 2014,[5] and its associated targets;

3. Acknowledge that the Millennium Development Goals[6] and associated strategies, plans and programmes for the prevention and care of tuberculosis helped to reverse the trend of the tuberculosis epidemic and, between 2000 and 2016, reduced tuberculosis mortality by 37 per cent, which saved 53 million lives, and that investment in care and the prevention of tuberculosis brings some of the largest gains in terms of lives saved and economic benefits from development investments;

4. Welcome the convening of the first World Health Organization Global Ministerial Conference on Ending Tuberculosis in the Sustainable Development Era: A Multisectoral Response, held in Moscow on 16 and 17 November 2017, and take note with appreciation of its Moscow Declaration to End TB, with its commitments and calls for urgent action, notably on advancing the response to tuberculosis within the 2030 Agenda, ensuring sufficient and sustainable financing, pursuing science, research and innovation and developing a multisectoral accountability framework, which contributed to this meeting;

5. Recognize other recent high-level commitments and calls for action against tuberculosis, including its multidrug-resistant and zoonotic forms, made by global, regional and subregional bodies and meetings, including the Delhi End TB Summit, held from 12 to 17 March 2018;

6. Recognize that, while the World Health Organization declared tuberculosis a global emergency 25 years ago, it is still among the top 10 causes of death worldwide, and that it is a critical challenge in all regions and countries and disproportionately affects developing countries, where 99 per cent of tuberculosis-associated deaths occur, and furthermore recognize that the epidemic is exacerbated by the rise of multidrug-resistant tuberculosis and the heavy burden of tuberculosis,

---

[1] Resolution 70/1.

[2] Resolution 69/313, annex.

[3] See World Health Organization, document WHA69/2016/REC/1.

[4] See *Official Records of the General Assembly, Seventy-first Session, Supplement No. 53A* and corrigendum (A/71/53/Add.1 and A/71/53/Add.1/Corr.1), chap. II.

[5] See World Health Organization, document WHA67/2014/REC/1.

[6] See resolution 55/2.

HIV and AIDS, and other co-morbidities such as diabetes, that one quarter of the world's people are infected with the bacterium that causes the disease, and that millions of people ill with tuberculosis are missing out on quality care each year, including on access to affordable diagnostic tests and treatment, especially in developing countries;

7. Express serious concern that, despite these commitments, tuberculosis remains a cause of an enormous burden of illness, suffering and death, and that stigma and discrimination because of the disease bring enormous costs for individuals affected by tuberculosis and their families, and acknowledge that an adequate multisectoral and intersectoral engagement in the fight against the disease is needed, and that the world needs to refocus efforts on actions and investments, including in research, needed to achieve the Sustainable Development Goals target of ending the tuberculosis epidemic by 2030;

8. Recognize that tuberculosis affects populations inequitably and contributes to the cycle of ill health and poverty, that malnutrition and inadequate living conditions contribute to the spread of tuberculosis and its impact upon the community, and that tuberculosis is fundamentally linked to a majority of the leading development challenges addressed by the 2030 Agenda;

9. Further recognize that tuberculosis is both preventable and curable, yet 40 per cent of people newly affected by tuberculosis are missed by public health reporting systems, and millions do not receive quality care each year, and that tuberculosis can only be eliminated through prevention efforts and access to quality diagnosis, treatment and care, including access to affordable diagnostic tools and drug treatment, effective people-centred and community-based models of care supported by integrated care services, as well as financing innovations, and additional investments in research and development and in the affordable delivery of tuberculosis programmes, especially in developing countries, and recognize that countries that are transitioning from donor to domestic funding face new challenges that may have a negative impact on earlier gains in the fight against tuberculosis;

10. Recognize that, even though tuberculosis is the leading global cause of death of people living with HIV, in 2016 less than half of the estimated number of cases of tuberculosis in people living with HIV were found and notified, and less than 60 per cent of known tuberculosis patients were tested for HIV, precluding treatment and resulting in preventable deaths;

11. Recognize that multidrug-resistant tuberculosis is estimated to account for one third of deaths due to antimicrobial resistance globally, and that many of the Sustainable Development Goals may not be attainable if we fail to address antimicrobial resistance, that the grave risks to individual and public health posed by multidrug-resistant tuberculosis are cause for alarm, that only 25 per cent of the estimated number of multidrug-resistant tuberculosis cases were diagnosed and notified in 2016, such that the vast majority of those in need still lack access to high-quality prevention, treatment and care services and that inadequate investment in tuberculosis case detection is a key obstacle to meeting tuberculosis treatment goals, and furthermore acknowledge that the response to multidrug-resistant and extensively drug-resistant tuberculosis to date has been insufficient, despite the introduction of new rapid diagnostic tests, efforts to scale up disease management and international financing, such as from the Global Fund to Fight AIDS, Tuberculosis and Malaria, including to help support drug supply, yet globally just over 50 per cent of patients enrolled in treatment for multidrug-resistant tuberculosis are successfully treated;

12. Acknowledge that multidrug-resistant tuberculosis is a key component of the global challenge of antimicrobial resistance, and express grave concern that the scope and scale of multidrug-resistant and extensively drug-resistant tuberculosis

illness and mortality place an additional burden on health and community systems, especially in low- and middle-income countries, and thereby pose a critical challenge that could reverse the progress made against the disease, against antimicrobial resistance and towards the Sustainable Development Goals, and that there is a profound gap in access to quality diagnosis, treatment and care for those affected, and there is still a low treatment success rate for those who are treated, and therefore acknowledge that it is necessary to ensure global collaboration, sustainable and sufficient political buy-in and financial investment from all sources, a strong public health response, including strong and resilient health systems, and additional investment in research, development and innovation, recognizing that innovation has the potential to benefit society at large;

13. Note with concern that the protection and promotion of the right to the enjoyment of the highest attainable standard of physical and mental health, as well as access for millions of people to tuberculosis health services and to quality, safe, efficacious and affordable tuberculosis diagnostics and treatment, remains challenging, especially in developing countries;

14. Recognize the profound socioeconomic challenges and financial hardships faced by people affected by tuberculosis, including in obtaining an early diagnosis, in being subject to extremely long treatment regimens, with drugs that could involve severe side effects, as well as in securing integrated support, including from the community, and therefore affirm that all these people require integrated, people-centred prevention, diagnosis, treatment, management of side effects, and care, as well as psychosocial, nutritional and socioeconomic support for successful treatment, including to reduce stigma and discrimination;

15. Recognize the role played by the Stop TB Partnership/Global Drug Facility, which has, since its creation in 2001, increased access to high-quality and affordable tuberculosis treatment and diagnostics for populations in need and is open as an option to be considered for use by all nations, and therefore encourage all nations to use the Stop TB Partnership/Global Drug Facility;

16. Recognize the potential of digital technologies to be used in a variety of ways for tuberculosis prevention, treatment and care, including to support health systems by improving the accessibility, quality and affordability of health services and to help with adherence, surveillance, logistics management and e-learning;

17. Recognize the enormous, often catastrophic, economic and social impacts and burden of tuberculosis for people affected by the disease, their households, and affected communities, and that the risk and impact of tuberculosis can vary depending on demographic, social, economic and environmental circumstances, and, in order to make the elimination of tuberculosis possible, prioritizing, as appropriate, notably through the involvement of communities and civil society and in a non-discriminatory manner, high-risk groups and other people who are vulnerable or in vulnerable situations, such as women and children, indigenous peoples, health-care workers, migrants, refugees, internally displaced people, people living in situations of complex emergencies, prisoners, people living with HIV, people who use drugs, in particular those who inject drugs, miners and others exposed to silica, the urban and rural poor, underserved populations, undernourished people, individuals who face food insecurity, ethnic minorities, people and communities at risk of exposure to bovine tuberculosis, people living with diabetes, people with mental and physical disabilities, people with alcohol use disorders and people who use tobacco, recognizing the higher prevalence of tuberculosis among men;

18. Recognize the various sociocultural barriers to tuberculosis prevention, diagnosis and treatment services, especially for those who are vulnerable or in

vulnerable situations, and the need to develop integrated, people-centred, community-based and gender-responsive health services based on human rights;

19. Commit to promoting access to affordable medicines, including generics, for scaling up access to affordable tuberculosis treatment, including the treatment of multidrug-resistant and extensively drug-resistant tuberculosis, reaffirming the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement), as amended, and also reaffirming the 2001 World Trade Organization Doha Declaration on the TRIPS Agreement and Public Health, which recognizes that intellectual property rights should be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, in particular, to promote access to medicines for all, and notes the need for appropriate incentives in the development of new health products;

20. Recall with concern that, until recently, no new medicines for tuberculosis treatment had been approved for over 40 years, and acknowledge that innovative approaches, including greater engagement between the public and private sectors, will be necessary to develop new vaccines, drugs and other health technologies to respond to the tuberculosis epidemic;

21. Recognize the lack of sufficient and sustainable financing for the tuberculosis response, including for the implementation of integrated, people-centred prevention, diagnosis, treatment and care of tuberculosis, including community-based health service delivery, and for tuberculosis research and innovation, including for the development and evaluation of better diagnostics, drugs, treatment regimens and vaccines, as well as other innovative care and prevention approaches, such as addressing social and economic factors of the disease;

22. Recognize that, to end the tuberculosis epidemic by 2030, reliable data on incidence, prevalence and mortality, where appropriate, disaggregated by income, sex, age and other characteristics relevant to national contexts, as well as the strengthening of national capacity for the use and analysis of such data, would be needed to ensure that collective knowledge is transformed into effective and timely action, and that progress at both the global and national levels needs to be reviewed regularly to ensure that we remain on target;

23. Take note with appreciation of the ongoing process of drafting a multisectoral accountability framework to accelerate progress to end tuberculosis, as agreed in World Health Assembly resolution 71.3 of 26 May 2018;[7]

24. Commit to providing diagnosis and treatment with the aim of successfully treating 40 million people with tuberculosis from 2018 to 2022, including 3.5 million children, and 1.5 million people with drug-resistant tuberculosis, including 115,000 children, bearing in mind varying degrees of the burden of tuberculosis among countries, and recognize the constrained health system capacity of low-income countries, and thereby aiming to achieve effective universal access to quality diagnosis, treatment, care, and adherence support, without suffering financial hardship, with a special focus on reaching those who are vulnerable and the marginalized populations and communities among the 4 million people each year who have been most likely to miss out on quality care;

25. Commit to preventing tuberculosis for those most at risk of falling ill through the rapid scaling up of access to testing for tuberculosis infection, according to the domestic situation, and the provision of preventive treatment, with a focus on high-burden countries, so that at least 30 million people, including 4 million children under 5 years of age, 20 million other household contacts of people affected by

[7] See World Health Organization, document WHA71/2018/REC/1.

tuberculosis, and 6 million people living with HIV, receive preventive treatment by 2022, and with the vision of reaching millions more, and further commit to the development of new vaccines and the provision of other tuberculosis prevention strategies, including infection prevention and control and tailored approaches, and to enacting measures to prevent tuberculosis transmission in workplaces, schools, transportation systems, incarceration systems and other congregate settings;

26. Commit to overcoming the global public health crisis of multidrug-resistant tuberculosis through actions for prevention, diagnosis, treatment and care, including compliance with stewardship programmes to address the development of drug resistance in line with General Assembly resolution 71/3 on antimicrobial resistance, improved national, regional and global pharmaco-vigilance, and improved treatment adherence for people with drug-sensitive tuberculosis; universal, equitable and affordable access to quality diagnosis, treatment, care and support for people with drug-resistant tuberculosis; global collaboration to ensure accelerated development of accessible and affordable diagnostic tools, and shorter and more effective oral regimens, including those that meet the unique needs of children; and through an urgent response to multidrug-resistant tuberculosis and the scale and severity of local and national epidemics of the disease;

27. Ensure that tuberculosis programmes actively contribute to developing national antimicrobial resistance strategies, capacities and plans and that lessons learned from global, regional and national efforts to combat drug-resistant tuberculosis inform the design and implementation of both global antimicrobial resistance strategies and national action plans according to national contexts;

28. Commit to address tuberculosis prevention, diagnosis, treatment and care in the context of child health and survival, as an important cause of preventable childhood illness and death, including among children with HIV and as a co-morbidity of other common childhood illnesses, especially pneumonia, meningitis and malnutrition; to enable child-friendly policies and an integrated, family-based approach to tuberculosis care and services, address the vulnerabilities faced by children affected by tuberculosis, support their caregivers, in particular women and the elderly, and provide related social protection; to promote equitable access to child-friendly formulations of medicines to optimize the prevention and treatment of drug-sensitive and drug-resistant tuberculosis among children, including through addressing national regulatory and policy barriers;

29. Given the strong association between the two diseases, and associated high mortality, commit to coordination and collaboration between tuberculosis and HIV programmes, as well as with other health programmes and sectors, to ensure universal access to integrated prevention, diagnosis, treatment and care services, in accordance with national legislation, including through promoting testing for HIV among people with tuberculosis and screening all people living with HIV regularly for tuberculosis, and providing tuberculosis preventive treatment, as well as to eliminate the burden faced by affected people, to leverage resources to maximize impact, and to address the common social, economic and structural determinants of tuberculosis, HIV, viral hepatitis, non-communicable diseases, in particular diabetes, and the complex biological factors that increase tuberculosis incidence and mortality, worsen treatment outcomes and increase drug resistance;

30. Commit to finding the missing people with tuberculosis, and integrating tuberculosis efforts more fully into all relevant health services to increase access to tuberculosis services, recognizing that reaching undetected and untreated men, as well as empowering women and girls through community health care and outreach, is a critical part of the solution, and to considering responses appropriate for men and women, boys and girls;

31. Commit to systematic screening, as appropriate, of relevant risk groups, as identified in World Health Organization guidance documents, for active and latent tuberculosis, to ensure early detection and prompt treatment in groups disproportionately affected by tuberculosis, such as people living with diabetes and people living with HIV, and to implementing primary prevention in high-risk occupations by reducing silica dust exposure in mining, construction and other dusty workplaces, and worker tuberculosis surveillance and infection prevention and control in health-care settings;

32. Commit to adapting and implementing rapidly the End TB Strategy to ensure that current guidance from the World Health Organization and other relevant international entities, relevant to the tuberculosis response in each country, is rapidly adapted and implemented and scaled up, where necessary, in taking forward the commitment to quality prevention, diagnosis, treatment and care of tuberculosis;

33. Commit to developing community-based health services through approaches that protect and promote equity, ethics, gender equality and human rights in addressing tuberculosis by focusing on prevention, diagnosis, treatment and care, including socioeconomic and psychosocial support, based on individual needs, that reduce stigma, and integrated care for related health conditions, such as HIV and AIDS, undernutrition, mental health, non-communicable diseases including diabetes and chronic lung disease, and tobacco use, harmful use of alcohol and other substance abuse, including drug injection, with access to existing and new tools;

34. Commit to related improvements in policies and systems on each country's path towards achieving and sustaining universal health coverage, such that all people with tuberculosis or at risk of developing tuberculosis receive the quality, accessible and affordable prevention, diagnosis, treatment and care services they need without suffering financial hardship, with stewardship of antimicrobials and prevention and infection control, within public and community, including faith-based, organizations, and private sector services;

35. Given the global nature of the tuberculosis epidemic and the critical public health challenge of multidrug-resistant tuberculosis, commit to strengthening public health systems as an essential pillar of the tuberculosis response, including health workforce capacity-building for public and private sector care, as well as community-based care services, and related robust multisectoral partnership frameworks in countries where the non-public sector is the leading tuberculosis care provider, laboratory networks, infection prevention and control, medicines procurement, distribution and regulatory capacity and access to diagnostic technologies for drug resistance; cross-border collaboration; and robust health information systems comprising integrated case-based electronic surveillance, reliable data, including at the national and subnational levels, with disaggregation by age, sex, disability and other characteristics relevant to national contexts, for monitoring the level of and trends in the epidemic, treatment outcome monitoring, and improvements in national vital registration systems;

36. Commit to considering, as appropriate, how digital technologies could be integrated into existing health system infrastructures and regulation for effective tuberculosis prevention, treatment and care, reinforcing national and global health priorities by optimizing existing platforms and services, for the promotion of people-centred health and disease prevention and in order to reduce the burden on health systems;

37. Commit to protect and promote the right to the enjoyment of the highest attainable standard of physical and mental health, in order to advance towards universal access to quality, affordable and equitable prevention, diagnosis, treatment, care and education related to tuberculosis and multidrug-resistant tuberculosis and

support for those who become disabled due to tuberculosis, integrated within health systems towards achieving universal health coverage and removing barriers to care; to address the economic and social determinants of the disease; and to promote and support an end to stigma and all forms of discrimination, including by removing discriminatory laws, policies and programmes against people with tuberculosis, and through the protection and promotion of human rights and dignity, as well as policies and practices which improve outreach, education and care;

38. Commit to providing special attention to the poor, those who are vulnerable, including infants, young children and adolescents, as well as elderly people and communities especially at risk of and affected by tuberculosis, in accordance with the principle of social inclusion, especially through ensuring strong and meaningful engagement of civil society and affected communities in the planning, implementation, monitoring and evaluation of the tuberculosis response, within and beyond the health sector; we further acknowledge the link between incarceration and tuberculosis and therefore reaffirm the United Nations Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) as defined in General Assembly resolution 70/175 of 17 December 2015;

39. Commit to enable and pursue multisectoral collaboration at the global, regional, national and local levels, across health and nutrition, finance, labour, social protection, education, science and technology, justice, agriculture, the environment, housing, trade, development and other sectors, in order to ensure that all relevant stakeholders pursue actions to end tuberculosis and leave no one behind;

40. Strengthen support and capacity-building in low-income countries and lower-middle-income countries, many of which have high rates of tuberculosis combined with health and social protection systems that have limited resources, including to support implementing multisectoral approaches in their response to the tuberculosis epidemic;

41. Commit to foster cooperation between public and private sector entities in furthering the development of newly approved medicines for multidrug-resistant and extensively drug-resistant tuberculosis and for additional new drugs in the future, as part of Member States' efforts to contribute appropriately to research and development;

42. Commit to advancing research for basic science, public health research and the development of innovative products and approaches, which may include evidence-based, regulated medicines, including traditional medicines as adjuvant therapies, including in cooperation with the private sector and academia, without which ending the tuberculosis epidemic will be impossible, including towards delivering, as soon as possible, new, safe, effective, equitable, affordable, available vaccines, point-of-care and child-friendly diagnostics, drug susceptibility tests and safer and more effective drugs and shorter treatment regimens for adults, adolescents and children for all forms of tuberculosis and infection, as well as innovation to strengthen health systems such as information and communication tools and delivery systems for new and existing technologies, to enable integrated people-centred prevention, diagnosis, treatment and care of tuberculosis;

43. Commit to create an environment conducive to research and development of new tools for tuberculosis, and to enable timely and effective innovation and affordable and available access to existing and new tools and delivery strategies and promote their proper use, by promoting competition and collaboration, removing barriers to innovation, and working towards improving regulatory processes and capabilities;

44. Further commit to advancing that new research and innovation environment through global collaboration, including through existing World Health Organization mechanisms and initiatives; strengthening research capacity and collaboration through improving tuberculosis research platforms and networks across the public and private sectors, noting such platforms and networks as the Brazil, Russian Federation, India, China and South Africa (BRICS) Tuberculosis Research Network and the Life Prize; in basic science, clinical research and development, including pre-clinical and clinical trials, as well as operational, qualitative and applied research, to advance effective tuberculosis prevention, diagnosis, treatment, and care and actions on the economic and social determinants and impacts of the disease;

45. Promote tuberculosis research and development efforts aiming to be needs-driven, evidence-based and guided by the principles of affordability, effectiveness, efficiency and equity and which should be considered as a shared responsibility. In this regard, we encourage the development of new product development partnership models and, for multidrug-resistant tuberculosis, continue to support existing voluntary initiatives and incentive mechanisms that separate the cost of investment in research and development from the price and volume of sales, to facilitate equitable and affordable access to new tools and other results to be gained through research and development, and we acknowledge the need to establish additional incentives for the research and development of new products to treat multidrug-resistant tuberculosis and to encourage stewardship, conservation, and global access to such products in addition to rewarding innovation, welcome innovation and research and development models that deliver effective, safe and equitable solutions to the challenges presented by tuberculosis, including those that promote investment by all relevant stakeholders, including Governments, industry, non-governmental organizations and academics, and continue to support existing voluntary initiatives and incentive mechanisms that avoid reliance on high price or high sales combinations and explore ways to support innovation models that address the unique set of challenges presented by tuberculosis, including the importance of the optimal use of medicines and diagnostic tools, while promoting access to affordable medicines and other health technologies;

46. Commit to mobilize sufficient and sustainable financing for universal access to quality prevention, diagnosis, treatment and care of tuberculosis, from all sources, with the aim of increasing overall global investments for ending tuberculosis and reaching at least 13 billion United States dollars a year by 2022, as estimated by the Stop TB Partnership and the World Health Organization, according to each country's capacity and strengthened solidarity, including through contributions to the World Health Organization as well as voluntary mechanisms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, including its replenishment, which provides 65 per cent of all international financing for tuberculosis; and to align within overall national health financing strategies, including by helping developing countries to raise domestic revenues and providing financial support bilaterally, at regional and global levels, towards achieving universal health coverage and social protection strategies, in the lead-up to 2030;

47. Commit to mobilize sufficient and sustainable financing, with the aim of increasing overall global investments to 2 billion dollars, in order to close the estimated 1.3 billion dollar gap in funding annually for tuberculosis research, ensuring that all countries contribute appropriately to research and development, to support quality research and development of new and the effective implementation of recently approved health technologies, and to strengthen the academic, scientific, public health and laboratory capacity needed to support research and development for

prevention, diagnosis, treatment and care, inter alia through the engagement of national, international and innovative financing mechanisms;

48. Commit to develop or strengthen, as appropriate, national tuberculosis strategic plans to include all necessary measures to deliver the commitments in the present political declaration, including through national multisectoral mechanisms to monitor and review progress achieved towards ending the tuberculosis epidemic, with high-level leadership, preferably under the direction of the Head of State or Government, and with the active involvement of civil society and affected communities, as well as parliamentarians, local governments, academia, private sector and other stakeholders within and beyond the health sector, and promote tuberculosis as part of national strategic planning and budgeting for health, recognizing existing legislative frameworks and constitutional arrangements, so as to ensure that each Member State is on track to achieve the Sustainable Development Goals target to end the tuberculosis epidemic;

49. Request the Director General of the World Health Organization to continue to develop the multisectoral accountability framework in line with World Health Assembly resolution 71.3 and ensure its timely implementation no later than 2019;

50. Commit to establishing and promoting regional efforts and collaboration to set ambitious targets, generate resources, and use existing regional intergovernmental institutions to review progress, share lessons and strengthen collective capacity to end tuberculosis;

51. Recognize the need to strengthen linkages between tuberculosis elimination and relevant Sustainable Development Goals targets, including towards achieving universal health coverage, through existing Sustainable Development Goals review processes, including the high-level political forum on sustainable development;

52. Request the Secretary-General, in close collaboration with the Director General of the World Health Organization, to promote collaboration among all stakeholders to end the tuberculosis epidemic and implement the present declaration, with Member States and relevant entities, including funds, programmes and specialized agencies of the United Nations system, United Nations regional commissions, the Stop TB Partnership, hosted by the United Nations Office for Project Services, UNITAID, hosted by the World Health Organization, and the Global Fund to Fight AIDS, Tuberculosis and Malaria;

53. Also request the Secretary-General, with the support of the World Health Organization, to provide a progress report in 2020 on global and national progress, across sectors, in accelerating efforts to achieve agreed tuberculosis goals within the context of achieving the 2030 Agenda for Sustainable Development, including on the progress and implementation of the present declaration towards agreed tuberculosis goals at the national, regional and global levels, which will serve to inform preparations for a comprehensive review by Heads of State and Government at a high-level meeting in 2023.

18th plenary meeting
10 October 2018